

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/18/2019	Time of Crash 15:26 <small>24HR</small>	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
16 EAST WASHINGTON ST Route# Direction Name of Roadway/Street At NORTH MYRTLE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____			

<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190001063
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License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator KEPETS MARK A Address 1946 WASHINGTON ST City NEWTON State MA Zip 02466 Insurance Company GOVT EMPLOYEE INS	Reg # 9PJ257 Reg Type PAN Reg State MA Veh Year 2018 Veh Make MAZDA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N
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Please fill out for operator and all occupants involved		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	99	4	4	0	0	10	1	
THEODORE, KEPETS	1946 WASHINGTON ST NEWTON, MA 02466	-----	M	6	4	4	4	0	0	10	1	

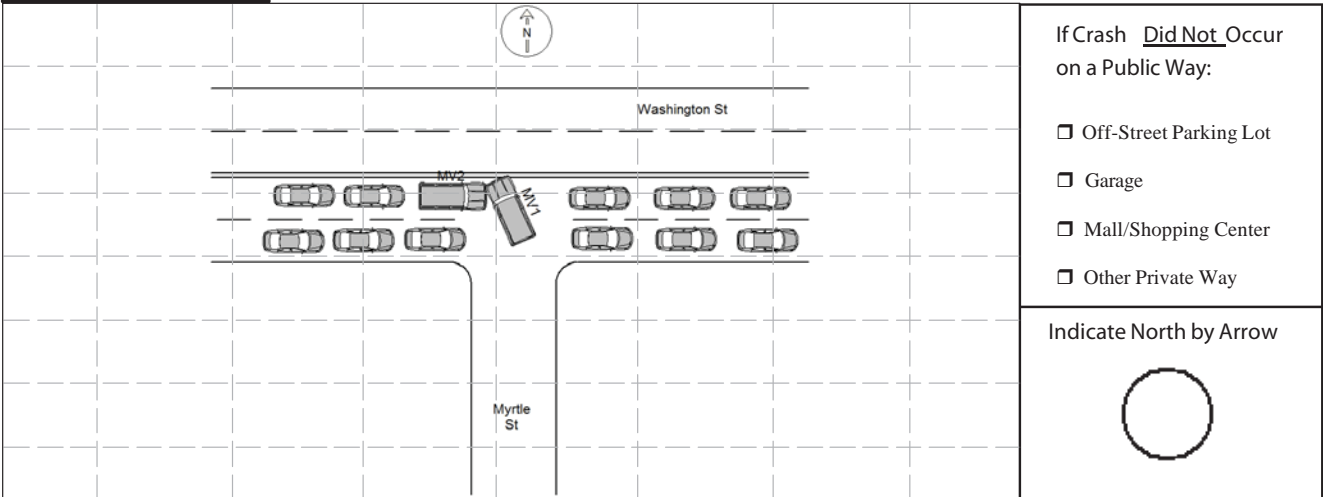
Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 2 #Occupants	<input type="checkbox"/> Non-Motorist A	Type 14	Action 15	Location 16	Condition 17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GEORGOTAS CATHERINE Address 5D MAYBERRY DR City WESTBOROUGH State MA Zip 01581 Insurance Company ARBELLA MUTUAL INS	Reg # 1NJH81 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 2 20 Owner SIRAFOS CHRISANTHY Address 57 MONFERN ST City BRIGHTON State MA Zip 02135 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N
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Please fill out for operator and all occupants involved		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	99	4	4	0	0	10	1	
BRENN, MARC	5 MAYBERRY DR (apt D) WESTBOROUGH, MA 01581	-----	M	3	99	4	4	0	0	10	1	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:



Crash Narrative:

On 10/18/2019, at 1526 hrs, I responded to the intersection of Washington St. and Myrtle St. for a two car MVA. Upon arrival, I observed damage to MV1s front drivers side and damage to MV2s front drivers side. The driver of MV1 stated he was attempting to take a left onto Washington St. into the westbound lane when he collided with MV2 who was stopped in the eastbound lane of Washington St. Both drivers stated that eastbound lane traffic was stopped. The driver of MV2 stated she was stopped in traffic in the eastbound lane of Washington St. when MV1 pulled out from Myrtle St. and collided with her. Cataldo received four patient refusals and all vehicles were able to drive safely from the scene.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ALEXANDER C SPINNEY 24734 NEWTON POLICE DEPART 10/18/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date
 CDP1 11 24:00